

## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	<u>10/601,171</u>
Filing Date::	<u>06/23/03</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	<u>N/A 1645</u>
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	<u>OPSONIC MONOCLONAL AND CHIMERIC</u> <u>ANTIBODIES SPECIFIC FOR</u> <u>LIPOTEICHOIC ACID OF GRAM POSITIVE</u> <u>BACTERIA OPSONIC AND PROTECTIVE</u> <u>MONOCLONAL AND CHIMERIC</u> <u>ANTIBODIES SPECIFIC FOR</u> <u>LIPOTEICHOIC ACID OF GRAM POSITIVE</u> <u>BACTERIA</u>
Attorney Docket Number::	SYNI-003CN
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	<u>No</u> <u>Yes</u>
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Status::	Full Capacity
Given Name::	Gerald
Middle Name::	Walter
Family Name::	FISCHER

City of Residence:: Bethesda  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 6417 Lybrook Drive  
City of mailing address:: Bethesda  
State or Province of mailing address:: MD  
Postal or Zip Code of mailing address:: 20817

Applicant Authority Type:: Inventor  
Status:: Full Capacity  
Given Name:: Jeffrey  
Middle Name:: R.  
Family Name:: STINSON  
City of Residence:: Breekeville Brookville  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 19253 Treadway Road  
City of mailing address:: Brookville  
State or Province of mailing address:: MD  
Postal or Zip Code of mailing address:: 20833

Applicant Authority Type:: Inventor  
Status:: Full Capacity  
Given Name:: Richard  
Middle Name:: F.  
Family Name:: SCHUMAN  
City of Residence:: Gaithersburg  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 204 Sunny Brook Terrace  
Apt. 632  
City of mailing address:: Gaithersburg

State or Province of mailing address:: MD  
Postal or Zip Code of mailing address:: 20877

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: James

Middle Name:: J. Jacob  
Family Name:: MOND  
City of Residence:: Silver Spring  
State or Province of Residence:: MD  
Country of Residence:: US

Street of mailing address:: 527 Northwest Drive  
City of mailing address:: Silver Spring  
State or Province of mailing address:: MD  
Postal or Zip Code of mailing address:: 20901

Applicant Authority Type:: Inventor  
Status:: Full Capacity  
Given Name:: Andrew  
Family Name:: LEES  
City of Residence:: Silver Spring  
State or Province of Residence:: MD  
Country of Residence:: US

Street of mailing address:: 1910 Glen Ross Road  
City of mailing address:: Silver Spring  
State or Province of mailing address:: MD  
Postal or Zip Code of mailing address:: 20910

### **Correspondence Information**

Correspondence Customer Number:: 00959

**Representative Information**

Representative Customer Number:: 00959

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
<u>This Application</u>	<u>Continuation of</u>	<u>09/097055</u>	<u>06/15/98</u>
<u>09/097055</u>	<u>An application claiming the benefit under 35 USC 119(e)</u>	<u>60/049871</u>	<u>06/16/97</u>
<u>This Application</u>	<u>Continuation of</u>	<u>10/323926</u>	<u>12/20/02</u>
<u>10/323926</u>	<u>An application claiming the benefit under 35 USC 119(e)</u>	<u>60/343503</u>	<u>12/21/01</u>

**Foreign Priority Information****Assignee Information**

Assignee name:: The Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc.

Street of mailing address:: 1401 Rockville Pike

City of mailing address:: Rockville

State or Province of mailing address:: MD

Postal or Zip Code of mailing address:: 20852

**Signature:**

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.

Signature	/Amy E. Mandragouras, Esq./	Date	August 26, 2010
Name (Print/Type)	Amy E. Mandragouras, Esq.	Registration No. (Attorney/Agent)	36,207